

**BOARD OF REGISTERED NURSING**

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



**QUARTERLY REPORT**

As part of your probation you are required to submit written reports. The reports shall certify and document your compliance with all terms and conditions of probation. These reports must be postmarked within seven (7) days of the close of each reporting period. Reports must cover the entire reporting period. Please note that reports submitted prior to the close of each quarter will be returned to you for completion.

**FAILURE TO SUBMIT A COMPLETE QUARTERLY REPORT SEVEN (7) DAYS FROM THE CLOSE OF EACH QUARTER CONSTITUTES A VIOLATION OF PROBATION.**

TYPE OR PRINT CLEARLY

**QUARTERLY REPORTING PERIOD**

☐ January 1 – March 31, \_\_\_\_\_ Year  
☐ July 1 – September 30, \_\_\_\_\_ Year  
☐ April 1 – June 30, \_\_\_\_\_ Year  
☐ October 1 – December 31, \_\_\_\_\_ Year

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ RN License Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Is your RN License Active? Yes ☐ No ☐  
 \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 (Include street, city, zip code) Is this a new address? Yes ☐ No ☐

**RN EMPLOYMENT STATUS**

Are you currently employed as an RN? ☐ Yes ☐ No If yes, complete this section.

Were you employed as an RN during this quarter? ☐ Yes ☐ No If yes, complete this section.

Employer(s): \_\_\_\_\_

Address(s): \_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_ Your Date(s) of Hire: \_\_\_\_\_

Shift/ Hours: \_\_\_\_\_ Your Job Title(s): \_\_\_\_\_

Responsibilities:

Supervisor's Name(s): \_\_\_\_\_ Supervisor's Job Title(s): \_\_\_\_\_

Supervisor's Phone Number(s): \_\_\_\_\_

Is this a change of employment? Yes ☐ No ☐

Are you working for a registry/home health agency? Yes ☐ No ☐

a) Have you notified your employer of the probationary status of your license? Yes ☐ No ☐ Date of notification: \_\_\_\_\_

b) Have you provided your employer with a copy of the Accusation/Statement of Issues and terms of your probation? Yes ☐ No ☐

c) Have you ensured your employer has submitted all Work Performance Evaluations by the required due dates? Yes ☐ No ☐

d) Have you ensured you have been provided with the required level of supervision? Yes ☐ No ☐

If No, to any answer a-d, explain below:

\_\_\_\_\_

Have you completed all assigned courses for probation and submitted all certificates of completion? ☐Yes ☐No ☐N/A  
If no, explain below:

Please indicate courses you have completed this quarter:

Hours/UnitsDate Completed

Are you currently participating in therapy? Yes ☐ No ☐ Date of first appointment: \_\_\_\_\_

List the type(s) of therapy \_\_\_\_\_ How often do you attend? \_\_\_\_\_

List the dates of your scheduled appointments during the quarter and if you appeared:

Doctor/Therapist's Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

Are you attending or have you completed an alcohol/drug rehabilitation program? Yes ☐ No ☐

(Attach proof of participation and/or attendance, if it has not already been provided.)

Name of Program:\_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please indicate the type of rehabilitation program: ☐residential ☐in-patient ☐out-patient

Date entered program: \_\_\_\_\_ Date program completed: \_\_\_\_\_

What treatment components did the program include?

**CHEMICAL DEPENDENCY SUPPORT GROUP** (please complete the following if applicable) ☐ N/A

Do you participate in a chemical dependency program, (i.e. Alcoholics Anonymous, Narcotics Anonymous or a Nurse Support Group) Yes ☐ No ☐

If you failed to comply with this condition during this quarter, provide a detailed explanation regarding your failure to do so:

Group Name, Address, and phone number: \_\_\_\_\_

*ATTACH COPIES OF PROOF OF ATTENDANCE DURING THIS QUARTER (all entries must be signed by the group secretary/facilitator)*

How many meetings per week do you attend: \_\_\_\_\_ Do you have a sponsor? Yes ☐ No ☐

What is the date of your sobriety? Alcohol: \_\_\_\_\_ Drugs: \_\_\_\_\_

Have you abstained from alcohol and/or drugs during this period of probation? Yes ☐ No ☐

If your answer was no, when was the last time you used drugs or alcohol and what were the circumstances:

**PRESCRIPTION MEDICATIONS** (please complete the following if applicable) ☐ N/A

Are you currently taking prescription medications? Yes ☐ No ☐ If your answer is yes, please state the name of the medication, the dosage, frequency, when it was prescribed and the reason prescribed:

Have there been any changes in your prescription medications since last quarter? Yes ☐ No ☐ If your answer is yes, please state the name of the medication, the dosage, frequency, when it was prescribed and the reason prescribed:

Name of prescribing health provider(s): \_\_\_\_\_

**RECOVERY COSTS**

Do you owe Cost Recovery? ☐ Yes \$ \_\_\_\_\_ ☐ No (paid in full) ☐ N/A

In this quarter have you followed a payment plan for Cost Recovery as directed in your conditions of probation? Yes ☐ No ☐

If you answered no, provide an explanation: \_\_\_\_\_

**ADDITIONAL INFORMATION**

What steps have you taken during this period of probation to prevent a reoccurrence of the violation that led to your probation?

Have you applied for or obtained a new registered nursing license in any other state or territory? Yes ☐ No ☐

If you answered yes, please identify which state or territory. \_\_\_\_\_

**OBEY ALL LAWS**

In this quarter have you obeyed all laws? Yes ☐ No ☐ If no, please explain \_\_\_\_\_

In this quarter have you been convicted of a crime? Yes ☐ No ☐

If you answered yes, provide a detailed explanation. Please attach certified copy of police report:

Name of arresting agency: \_\_\_\_\_

Address of arresting agency: \_\_\_\_\_

Please attach certified copies of court documents: \_\_\_\_\_

Name of court: \_\_\_\_\_

Address: \_\_\_\_\_ Case Number: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Have you completed the fingerprinting process? Yes ☐ No ☐

**DISCIPLINARY RECORD**

In this quarter were you disciplined by your employer in any manner, i.e., adverse action, counseling, reprimand, suspension, demotion, termination? Yes ☐ No ☐

If you answered yes, provide a detailed explanation (attach all documentation relating to the imposed discipline):

In this quarter, were you the subject of a complaint, review or investigation by your employer? Yes ☐ No ☐

If you answered yes, provide a detailed explanation of the incident that led to the filing of a complaint/investigation. Include the status of the investigation:

**I declare under penalty of perjury under the laws of the State of California that the foregoing information, enclosed statements, and documents are true and correct.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date